

## District of Columbia Retirement Board (DCRB)

### Benefits Department

900 7<sup>th</sup> Street, NW, 2<sup>nd</sup> Floor

Washington, DC 20001

Telephone: (202) 343-3272 / Toll Free: (866) 456-3272

Facsimile: (202) 566-5001

### Application for Electronic Direct Deposit

**Instructions:** To authorize that DCRB send your pension payments directly to your financial institution through electronic direct deposit, please complete this form and mail it to the above address. If you have any questions, please contact the DCRB Member Services Center at the numbers listed above.

#### General Information

Plan: ☐ Teacher ☐ Police/☐ Fire

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Primary Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Financial Institution Information

Name of Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Financial Institution Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type

☐ Checking ☐ Savings

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby authorize DCRB to deposit my pension benefits funds into my account. I understand that I may change my election at any time in the future.*